

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/08/2018 13:42
Date Of Accident	15/08/2018 09:30
Exact Location Of Accident	WOODLANDS CROSSING TOWARDS SINGAPORE CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF2381Y
Insured/Policyholder	
Name Of Registered Owner	ONG TIONG YAU
NRIC No	S0225009H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90255877
Alternative Phone No	OTHERS-90255877

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA093201
Cover Note Number	

Driver

Name of Driver	ONG TIONG YAU
NRIC No	S0225009H
Date Of Birth	09/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1969
Driving Experience	49 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90255877
Fax Number	
Contact Number	OTHERS-90255877
EEmail Address	NOEMAIL

Address	18 WEST COAST AVENUE SINGAPORE
Postcode	128072
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : CHOW POH KIEW GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3488C
Vehicle Make/Model/Colour	MERCEDES BENZ / UNKNOWN / LIGHT COLOUR
Details Of Properties	SIDE MIRROR ONLY
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

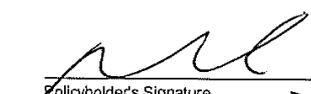
SKETCH PLAN

IMPORTANT NOTICE

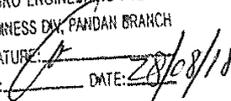
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

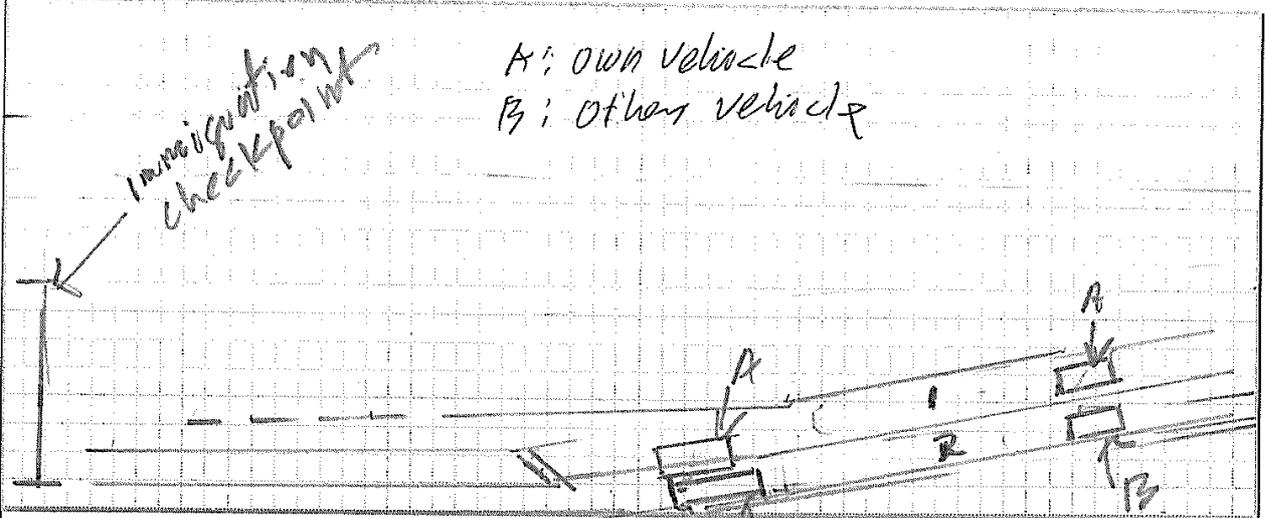

 Policyholder's Signature
 Date & Time: 28/5/18 1342 hrs

Driver's Signature
 (if driver is not the policyholder)
 Date & Time

COMFORTDELGRO ENGINEERING PTE LTD
 EXTERNAL BUSINESS DIV, PANDAN BRANCH
 NAME & SIGNATURE: 
 DESIGNATION: _____ DATE: 28/5/18

Reporting Centre Personnel's Signature
 Name: WONG CHEE WEI
 NRIC / Fin No.: A72180994

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 15/08/2018 @ 9:30am, I was driving 56P23814. Traffic was moving slowly about 5kmph. I was on lane 1 and on reaching the 100m from checkpoint there was only lane 2 open. I slowly moved to my left and has occupied half of lane 2 when a car (5JU3488.C) came from behind. His car driver wing mirror clipped my car's passenger wind mirror. There was no visible damage to either vehicle. Both car drivers did not stopped or come down to exchange info as no damage was noticed.

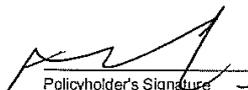
Note: I did not report earlier because I ~~did not~~ cannot note the other vehicle number as it was behind my car after the accident.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time
 28/8/18 1342 hrs.

Driver's Signature
 (if driver is not the policyholder)
 Date & Time

COMFORTDELGRO ENGINEERING PTE LTD
 EXTERNAL BUSINESS DIV. PANDAN BRANCH
 NAME & SIGNATURE 
 DESIGNATION: _____ DATE: 28/08/18

Reporting Centre Personnel's Signature
 Name: WONG CREE WEI
 NRIC / Fin No. A72180994

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0225009H



Name
ONG TIONG YAU

Race
CHINESE

Date of Birth
09-12-1950

Country of Birth
SINGAPORE

Sex
M

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S0225009H

Name
ONG TIONG YAU

Birth Date: **09 Dec 1950**
Issue Date: **30 Apr 2004**

001208713B

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

A0096966



NRIC No: **S0225009H**



Blood Group
O+

Date of issue
16-01-2002

18 WEST COAST AVENUE
SINGAPORE 128072
NRIC No: **S0225009H** Date: **09/04/2018**

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Jul 1969

NP 428A

Licence No: S0225009H





redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

ONG TIONG YAU
 18 CAMBRIDGE ROAD
 SINGAPORE 219699

Renewal

date
14/03/2018

your servicing distributor
PROGRESSIVE (S) PTE LTD / 00277

your servicing distributor contact
62828232

Policy Schedule

Your SmartDrive Comprehensive Peace

Your policy snapshot

Policyholder name	ONG TIONG YAU	Policy number	VA1 / GA093201
Cover	Comprehensive	FIN / NRIC	S0225009H
Period of Insurance	from 05/04/2018 to 04/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 791.36
Total Discounts	- SGD 42.19
7% GST	SGD 52.44
Final Premium	SGD 801.61

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Peace Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER 1.6	Year of manufacture	2006
Vehicle registration number	SGF2381Y	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1584
Seating capacity (excl driver)	4	Engine number	4G18HC7173
Off-Peak car	No	Chassis number	JMYSTCS3A6U007607

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	HONG LEONG FINANCE LIMITED

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

20 August, 2018

ONG TIONG YAU
18 CAMBRIDGE ROAD
SINGAPORE 219699

Dear Sir,

OUR REF : CC4/ASM18015079/pa3 / S8M00SK7
YOUR REF : SGF 2381Y
ACCIDENT INVOLVING SGF 2381Y & SJU 3488C ON 15/08/2018 ALONG/AT
WOODLANDS CROSSING TOWARDS SINGAPORE CUSTOM

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

